

Candidate Information Sheet

*Note: The information contained in this statement is considered public.
The information disclosed will be used for the purpose of voting
by the members of the NHCPC.*

The information below indicates my desire and willingness to be selected as a member in the Nebraska HIV CARE & Prevention Consortium (NHCPC).

Name: _____

City: _____

Employer: _____

Position Title: _____

Years with Employer: _____

Position Responsibilities: _____

Written Statement of Membership Interest/Qualifications to Fill Vacancy:

*Please submit completed statement
with Application for Membership*